

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH**

CO TO	CHILD CARE FACILITY		
	INSPECTION REPORT		
RE/ Regular	ASON / GRADE Inspection Date: ESTABLISHMENT NAME: 6 20 18 MILESTONES PLAY & LEARN	CENTE	
Follow-U		OLIVIE	-
Complain			
Investiga	10.20	ment Type:	
Other:		ccc/ NI	URSERY
	20000-17000305 PERMIT STATUS:	mporary .	Expired
	Idren: 23 Male 24 Female 47 Total Child Care License: No.: 160110 / Valid /	/ Provisional	/ / Expired
inspectio	following items identify violations found this day in the operations and facilities which must be n or sooner as the Department indicates. Non-compliance may result in downgrading or pe a written request for hearing must be submitted before the indicated correction	rmit suspen	by the next sion. To appeal
ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED.	_11 @h	A PYTOR TELL
	PREVIOUS INSPECTION CONDUCTED ON 3/14/18 (10,4)		
	THE FOLLOWING REPEAT VIOLATIONS WERE OBSERVE	>:	
17	PAINT PEELING & LOWER AREA OF WALL IN	2	
		J	
	CLASSROOM #2 IN DISREPAIR. ALL WALLS &		
	CEILINGS SHALL BE KEPT IN GOOD REPAIR TO	ILICA ITE.	Since the life in
	PREVENT PHYSICAL HAZARDS.		
18	SELF - CLOSING DEVICE BROKEN ON KITCHEN EXIT	2	201
	DOOR. ALL OPENINGS SHALL BE MAINTAINED IN		
4.	GOOD REPAIR TO PREVENT PEST ACCESS.		
		I I	ALSO MITTEN
2	NO HOT WATER PROVIDED FOR HANDSINKS	6	community of
	THROUGHOUT FACILITY. HOT WATER SHALL BE		
	PROVIDED TO PROMOTE PROPER HANDWASH		
	HYGIENE		
			THE MILES
I hav	e read and understand the above violation(s) and I am aware of the corrective me	asures to b	e taken.
	When any of the following items are above, they shall be corrected within 10 days of this inspection: Received By (Name & Title): SAPAH PANLING SUPERIOR OF TITLE):	MAP	Penlis
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). J. GARCIA EPHO	1.	
	DRIVING.		

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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

THE PARTY	CHILD CARE FACILITY		
	INSPECTION REPORT		
BEA	SON / GRADE Inspection Date: ESTABLISHMENT NAME:	- ,	
Regular	6/20/18 MILESTONES PLAY & LEAR	EN CEN	TER
Follow-U	Time In/Out: OWNER/OPERATOR:		
Complain			
Investigat	tion RATING AM 7M LOCATION: 101-103 18G Establish		
Other:		CCC/N	
	29000-17000 30 PERMIT STATUS:ValidTe	mporary	Expired
No. of Chil	dren: 23 Male 24 Female 47 Total Child Care License: No.: 160110 / Valid /	/ Provisiona	/ / Expired
The formal inspection	ollowing items identify violations found this day in the operations and facilities which must be or sooner as the Department indicates. Non-compliance may result in downgrading or pe a written request for hearing must be submitted before the indicated correction	rmit suspen	by the next sion. To appeal
ITEM*	REMARKS		CORRECT BY
	THE FOLLOWING NEW VIOLATIONS WERE OBSERVED!	< 1111 111	A SUBSTITUTE
29	DEAD COCKROACH OBSERVED IN CLASSROOM	2	
	STORAGE EVIDENCE OF FRASS OBSERVED. NO		
	LIVE ACTIVITY OR PRESENCE OF EGGS OBSERVED		
	ADEQUATELY PROTECTED & MAINTAINED TO PREVENT		
	THE HARBORAGE OF PESTS.		
31	KITCHEN SINK OBSERVED WITH LEAKING ACTIVITY	2	
	NEAR FAUCET HANDLES AS WELL AS UNDERNEATH	-	
	IT. BROKEN POTTED PLANT OBSERVED IN OUTDOOR		
	PLAY AREA.		
30	ALL EQUIPMENT SHALL BE MAINTAINED IN GOOD	1	c= mm*v/
	REPAIR TO PREVENT POTENTIAL PHYSICAL HAZARD		
	& THE ACCUMULATION OF WASTEWATER IN	`-	
	THE ESTABLISHMENT, WHICH MAY CREATE OTHER		
	HEALTH HAZAROS.		
Lbow	a road and understand the characteristics (-) and)		
	e read and understand the above violation(s) and I am aware of the corrective me	asures to b	oe taken.
	When any of the following items are bove, they shall be corrected within SATURE OPMAINS & SATURE OPMAINS	00	15
J.134 4	bove, they shall be corrected within 10 days of this inspection: DEH Inspector (Name & Title):	7 1/n	
(2), (4), (6)	, (14), (21), (23), (24), (27), (28), (39) & (40). U. GARCIA EPHO I	<i>\</i>	
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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES **DIVISION OF ENVIRONMENTAL HEALTH**

				D CARE FACILITY		
A CARRY			INSI	PECTION REPORT	DESTRUCTION OF THE PROPERTY.	Ą.
	SON /	GRADE	Inspection Date:	ESTABLISHMENT NAME:		
Regular	~	177	6/20/18		RN CENTER	
Follow-U		14	Time In/Out:	OWNER/OPERATOR:		
Complain		iii.	10:20 12:15	ROSARIO, PON PIER	Z	
Investiga	tion	RATING	AM PM		nment Type:	
Other:		C	Sanitary Permit No.:	COMMERCIAL CTR HAGMINA	CCC NURSER	4
				PERMIT STATUS:ValidTo		ed
			Female 47 Total	Child Care License: No.: 160110 / Valid /	/ Provisional / / Expired	1
The f	ollowing ite	ms identify	violations found this da	y in the operations and facilities which must t	se corrected by the next	
inspection	n or sooner	as the Dep	artment indicates. Non equest for hearing mus	-compliance may result in downgrading or pe t be submitted before the indicated correction	ermit suspension. To appo	eal
ITEM*	_			ARKS	DEMERIT CORRECT	BY
	PHOTO	S TAK	EN.	11 13	DEWILL III OOT II LOT	
	1 63		B sdiffs			
	D=	T- D-				_
				ONS, ESTABLISHMENT		
		EREBY	DOWNGRADE	D FROM TODAY'S		
	INSPE	CTION	OF A (14)	B) TO A (14, C).		
	LETTE	R OF	WARNING	SSUED.		
	"A" P	LICAPI	H 02354	REMOVED.		
	"C" PL	ACAPD	#A0975	ISSUED.		
		II				_
	PIC E	BRIEFE	D ON THE	ABOVE.		_
	(10) R-1 C-1 E-	OR ME	ADOVE.		_
					I I Chaplically	
			O(1 HII L			
						_
				n(s) and I am aware of the corrective me	asures to be taken.	Ţ
			owing items are	Received By (Name & Title):	. 0 2 . 3	
cited a			corrected within	SARAH PAMINO En	en Rus	
(2) (A) (e)		of this insp		DEH Inspector (Name & Title).		٦
(4), (4), (0)	, (14), (21),	(23), (24), (2	27), (28), (39) & (40).	J. GARCIA EPHOI TO	1	

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